



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

Uzbekistan

**Year 1
Quarterly Report
January - February 2012**

April 30, 2012

Quarterly Overview

Reporting Country	Uzbekistan
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	April 30, 2012
From	Sharaf Yuldashev
To	Bryn Sakagawa, USAID CAR
Reporting Period	January - February 2012

Technical Areas	% Completion
1. Universal and Early Access	100%
2. Laboratories	25%
3. Infection Control	100%
4. PMDT	25%
5. TB/HIV	-
6. Health Systems Strengthening	100%
7. M&E, OR and Surveillance	100%
8. Drug supply and management	0%
Overall work plan completion	64%

Most Significant Achievements

Taking into account that registration of the branch office was delayed, TB CARE I secured USAID's approval to implement activities in APA 2 through WHO.

Overall work plan implementation status

Technical and administrative challenges

APA1 activities were postponed due to pending office registration issues. In February of 2012, TB CARE I received the official response from MoJ to revise the application documents for resubmission at a later time.
TB CARE I will work in Uzbekistan through its partner WHO in APA2 beginning in May of 2012.

Quarterly Technical Outcome Report

	2010*	2011**	2012***
Number of MDR cases diagnosed	1023	NA	NA
Number of MDR cases put on treatment	628	NA	NA

* January - December 2010 ** January - December 2011

The NTP will only provide data once registration is complete.

Technical Area		1. Universal and Early Access						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Improved TB control in prisons	Bacteriologically confirmed TB cases in prisons reported to NTP	Bacteriologically confirmed TB cases reported in prisons in project sites (indicator for case detection), disaggregated by culture and DST results (indicator for access to bacteriological examinations in prison)	94			Data are not available since project was not started and access to prison system is closed.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.
2	Strengthened TB control in migrants	TB cases in migrants reported to NTP among the total number of TB patients	TB cases in migrants reported to NTP among the total number of TB patients	NA			Assessment mission was not conducted because of pending official registration in Uzbekistan.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2.
3	International standards on TB management in children introduced in country	Number of childhood TB cases	Number of childhood TB cases disaggregated by active (contact, risk group examination) and passive case finding	335 per 100,000 (2009)			Data on TB in children is unavailable since project activities have not been started.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.

Technical Area		2. Laboratories					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
1	Laboratory strategic planning capacity improved	Developed National laboratory strategic plan	National laboratory strategic is developed Yes/No	no	yes	No	Activity is delayed because of pending registration in Uzbekistan.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.
2	Management of laboratory services improved	Number of laboratories that have updated laboratory SOPs in line with WHO standards (number and percent)	Number of culture laboratories that have SOPs in line with WHO standards out of total number of culture laboratories in project sites (number and percent)	2 (50%)	4	2 (50%)	Activity is delayed because of pending registration in Uzbekistan.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.
3	TB diagnostic capability enhanced through introduction of new diagnostic tools	TB patients diagnosed by GenExpert (number and percent)	TB patients diagnosed by GenExpert in project sites (number and percent out of all TB patients in project sites) disaggregated by TB/MDR TB	0		0		Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.

Technical Area		3. Infection Control					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		

1	Introduce and scaled-up of minimum package of IC interventions in key facilities in project sites	Ratio of TB notification rate in health care staff	Ratio of TB notification rate in health care staff over the TB notification rate in general population, adjusted by age and sex in project sites	0.2			Activity is delayed because of pending registration in Uzbekistan.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will consider the possibility to work in Uzbekistan through its partner during APA2.
2	Developed local capacity on TB IC	Key facilities with a designated TB IC focal person in each project site including prison sector (number and percent)	Key facilities with a designated TB IC focal person in each project site including prison sector (number and percent) disaggregated by prison and civil sector	41 (100%)	2	0	Activity was cancelled in previous quarter.	

Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	PMDT scale up in civilian and prison sectors	MDR TB cases put on treatment (number and percentage of diagnosed MDR TB cases)	Number and % of lab-confirmed MDR-TB patients enrolled on 2nd-line anti-TB treatment among all lab-confirmed MDR-TB cases during reporting period in project sites disaggregated by civil and prison sector	628 (61%)			Activity was not conducted due to pending registration in Uzbekistan.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.

2	Improved X/MDR TB management in children	Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with MDRTB)	Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with MDRTB) disaggregated by oblasts	will be collected during the first assessment mission			Activity was not conducted due to pending registration in Uzbekistan.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.
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Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Increased demand for TB/HIV activities	Country has a National strategic plan on TB/HIV collaborative activities in line with WHO standards	National strategic plan on TB/HIV collaborative activities is in line with WHO standards and available in country (yes/no)	yes			Activity was not conducted because of pending registration in Uzbekistan.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.

Technical Area		6. Health Systems Strengthening						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Improved local human resource capacity, including trainers and e-resources	Number of local trainers trained	Number local trainers trained in each project site	28 (Tash) 5 (Nukus)	2	1	Completed - One NTP specialist (male) participated in the IUATLD international training course on strategic planning.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.
2	Improved patient adherence to treatment	Default rate among TB patients	Default rate among TB patients in project sites disaggregated by TB and MDR TB	4%			Activities were not implemented because of pending registration in Uzbekistan.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.



3	Implemented ambulatory model of TB treatment	Number of TB patients who completed treatment ambulatory	Number of TB patients who completed treatment ambulatory in pilot sites disaggregated by TB and MDR TB				Activities were not implemented because of pending registration in Uzbekistan.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.
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Technical Area		7. M&E, OR and Surveillance					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
1	Improved surveillance system (including MDR TB and TB/HIV)	1)Reporting units at all levels of data flow submitting timely reports according to national guidelines (number and percentage) 2)Feedback from systematic analysis of surveillance and programmatic data and related recommendations provided by central to lower levels	1)Reporting units at all levels of data flow in project sites submitting timely reports according to national guidelines (number and percentage) 2)Reporting units that have received feedback from central level (number and percentage)	1) 2 2) 0	1) 2 2) 2		Assessment was not conducted because of pending registration in Uzbekistan.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.
2	Strengthened local capacities on OR	Operations research studies completed & results disseminated (number)	Number of operations research studies completed & results disseminated	0	1	0	Activity was not started yet because of pending registration in Uzbekistan.	Challenge: Due to pending registration this technical area was not fully covered. Next steps: It is planned to complete planned activities in APA2. TB CARE I will work in Uzbekistan through its partner during APA2.


Technical Area		8. Drug supply and management					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		

1	Improved drug management in project sites	Number of oblast with quarterly oblast stock information available both for first and second line drugs	Number of oblast in TB CARE I project sites with quarterly oblast stock information available (both for first and second line drugs)/total number of oblasts in project sites	2	4	2	This activity was cancelled in the previous quarter	
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Quarterly Activity Plan Report



Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Improved TB control in prisons	1.1.1	Situational analysis and planning for strengthening TB control in prisons	KNCV	3.055	Cancelled	Sep	2012	Moved to APA 2.
	1.1.2	Strengthening of laboratory service in prison system	KNCV	4.705	Cancelled	Sep	2012	Moved to APA 2.
	1.1.3	Strengthening of TB care provision to prisoners, including ex-prisoners still on TB	KNCV	4.730	Cancelled	Sep	2012	Moved to APA 2.
1.2 Strengthened TB control in migrants	1.2.1	Analysis of policy and practices related to TB control in migrants	KNCV	8.925	Cancelled	Sep	2012	Moved to APA 2.
1.3 International standards on TB management in children introduced in country	1.3.1	Training on TB management in children	KNCV	12.750	 100%	Aug	2011	One TB pediatrician from NTP participated in international course on TB in children in Latvia from 22 till 26 August.
	1.3.2	Development of action plan to scale up TB management in children	KNCV	6.125	Cancelled	Jun	2012	Moved to APA 2.
					 100%			

Outcomes	2. Laboratories		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
2.1 Laboratory strategic planning capacity improved	2.1.1	Revision of National strategic plan	KNCV	3.570	 25%	Sep	2011	To be completed in APA2
	2.1.2	Continuous supportive supervision	KNCV	34.200	Cancelled	Mar	2012	Moved to APA 2.

2.2 Management of laboratory services improved	2.2.1	Updating of lab SOPs in accordance with international standards	KNCV	3.900	Cancelled	Sep	2012	Moved to APA 2.
2.3 TB diagnostic capability enhanced through introduction of new diagnostic tools	2.3.1	Procurement of GenExpert and its related equipment	KNCV	182.010	Cancelled	Sep	2012	Moved to APA 2.
	2.3.2	Introduction and piloting of GenExpert	KNCV	56.806	Cancelled	Sep	2012	This activity was reprogrammed. Instead of originally proposed GenExpert activities, including the import of the machines, the money was redistributed to support the Regional WHO workshop on implementation of GeneXpert.
	2.3.3	Introduction of SL Hain test	KNCV	13.627	Cancelled	Sep	2011	Cancelled since it will be done by another project.
					 25%			



Outcomes	3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
3.1 Introduce and scaled-up of minimum package of IC interventions in key facilities in project sites	3.1.1	Development of IC guidelines and regulatory documents in accordance with international standards	KNCV	8.452	Cancelled	Jun	2012	Moved to APA 2.
	3.1.2	Introduction of TB IC assesment guide and checklist	KNCV	2.858	Cancelled	Apr	2012	Will be continued in APA2.
	3.1.3	Continious supportive supervision	KNCV	6.130	Cancelled	Sep	2012	Moved to APA 2.

	3.1.4	IC assessment visits to project sites	KNCV	20.540	 100%	Sep	2011	Assessment IC mission was conducted by Dato Chorgoliani, KNCV Senior consultant Max Meis, TB CARE PMU and Vlad Furman TB-IC regional consultant in August - September. Assessment mission was conducted in Tashkent, Andijan and Karakalpakstan Republic. General observations during assessment mission: Not all TB facilities have TB IC activity plan, IC committee and designated staff; Medical personnel (doctors, nurses) and engineering staff need TB IC training; Separation of patients according to their DR TB status is not sufficient; More efforts should be applied to transfer non bacillary patients (especially children) from in-patient to outpatient treatment; Only a few TB facilities have properly functioning mechanical ventilation; Almost all TB facilities need installation of UVGI fixtures in high risk zones that operates 24 hours; TB facilities are poorly supplied with respirators and surgical masks. The mission gave the following recommendations: 1. Finalize and update legislative basis and norms for TB IC according to international recommendations. Create IC working group involving MoH, NTP, SES, Prison medical staff, international organizations with clear responsibilities. 2. Develop a budgeted TB IC Activity Plan. 3. Develop training materials for IC. TB IC training courses are recommended for all HCW and technical staff of TB HF. 4. Ensure timely diagnosis of TB patients by implementing rapid diagnostic tests (X-pert). 5. Separation of patients according to their DR status. 6. Minimize duration of in-patient care especially after smear conversion and develop the policy on ambulatory care. 7. Organize surveillance and monitoring on TB incidence among HCW and technical personnel Revise existing screening policy for HCW. 8. Proper use of UVGI lamps, extractor fans in combination with natural ventilation (cross ventilation, opening windows, doors etc). 9. All TB facilities should be supplied with surgical masks for patients and with FFP2/N95 respirators for medical staff in a sufficient quantity.
	3.1.5	Procurement of IC equipment for risk assessment and protection	KNCV	54.500	Cancelled	Jun	2012	Moved to APA 2.
	3.2 Developed local capacity on TB IC	3.2.1	Training on environmental aspects of TB IC	KNCV	5.210	Cancelled	Sep	2011
					 100%			


4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes					Month	Year	
4.1 PMDT scale up in civilian and prison sectors	4.1.1	Assesment visits to new project sites	27.121	Cancelled	Mar	2012	Moved to APA 2.
	4.1.2	Development of PMDT action plans in project sites	17.382	Cancelled	Apr	2012	Moved to APA 2.
	4.1.3	Training on X/MDR TB clinical management in project sites	14.850	Cancelled	Aug	2012	Moved to APA 2.
	4.1.4	Participation in international meeting	17.014	 25%	Sep	2011	Moved to APA 2.
4.2 Improved X/MDR TB management in children	4.2.1	Development of protocols on X/MDRTB management in children	2.718	Cancelled	Mar	2012	Moved to APA 2.
				 25%			


5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes					Month	Year	
5.1 Increased demand for TB/HIV activities	5.1.1	Analysis of policy and practices related to TB-HIV collaborative activities in the project sites	2.505	Cancelled	Mar	2012	Moved to APA 2. Will be reprogrammed for the assessment of TB-HIV management.
	5.1.2	Development of National strategic plan on TB/HIV collaboration	4.820	Cancelled	Jun	2012	Moved to APA 2. Will be reprogrammed for strengthening clinical management of TB-HIV.
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6. Health Systems Strengthening					Planned Completion	Cumulative Progress and Deliverables up-to-date
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Outcomes	Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Month	Year	
6.1 Improved local human resource capacity, including trainers and e-resources	6.1.1	Training on "strategic planning and innovation"	KNCV	17.715	 100%	Aug	2011	One male specialist from NTP participated in IUATLD training course on Strategic planning and Innovation
	6.1.2	Development of HRD plan for TB	KNCV	3.495	Cancelled	Sep	2011	This activity is cancelled because it is covered by another project. Funds will be reprogrammed for other activity in APA2.
	6.1.3	Establishment of collaboraton of Universities and Medical schools	KNCV	8.140	Cancelled	Sep	2011	This activity is cancelled and will be replaced by new activity for APA2.
	6.1.4	Development of plan for sustainble e-library in Russian and English languages	KNCV	2.980	Cancelled	Sep	2011	This activity is cancelled and funds will be reprogrammed for other activities in APA2.
	6.1.5	Regional introductory workshop for implementation of TB CARE I, QHCP and Dialoge projects in CAR	KNCV	19.070	 100%	Jul	2011	Six participants from Uzbekistan (4 males and 2 females) represenating NTP, prison system and WHO participated in two-day regional workshop on harmonization of activity plans.
	6.1.6	Strengthening of training capacities of local training centers	KNCV	13.045	Cancelled	Apr	2012	Moved to APA 2.
6.2 Improved patient adherence to treatment	6.2.4	Analysis of policy and practices related to patient support system in Tashkent and Nukus	KNCV	3.080	Cancelled	Feb	2012	Moved to APA 2.
	6.2.5	Improvement of patient support system	KNCV	7.880	Cancelled	Mar	2012	Moved to APA 2.
6.3 Implemented ambulatory model of TB treatment	6.2.6	Development and piloting of ambulatory care model	KNCV	16.236	Cancelled	Sep	2012	Moved to APA 2.

 100%

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion Month Year		Cumulative Progress and Deliverables up-to-date
7.1 Improved surveillance system (including MDR TB and TB/HIV)	7.1.1	Assessment of surveillance system	KNCV	16.208	Cancelled	Mar	2012	Moved to APA 2.
	7.1.2	Development of protocol on evaluation of new diagnostics	KNCV	14.766	Cancelled	May	2012	Moved to APA 2.
	7.1.3	Development of protocol for evaluation of new models of care	KNCV	9.396	Cancelled	Jun	2012	Moved to APA 2.
					 100%			

Outcomes	8. Drug supply and management		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion Month Year		Cumulative Progress and Deliverables up-to-date
8.1 Improved drug management in project sites	8.1.1	Assessment and development of action plan on drug management (Desk work)	KNCV	1.075	Cancelled	Sep	2011	Activity is cancelled because it is covered by another project.
					 0%			

Quarterly GeneXpert Report

Country	Uzbekistan	Period	January - March 2012
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Table 1: TB CARE I-funded GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-Mar 2012	Cumulative Total		
# GeneXpert Instruments	0		0	0	
# Cartridges	0		0	0	

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011).

Table 3: Cumulative Xpert MTB/RIF **Cartridges Procured to Date or Planned for Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
	1				
	2				
	3				
	4				
	5				

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)

Any additional information/clarifications to the above (optional)

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

Quarterly Photos (as well as tables, charts and other relevant materials)

Inventory List of Equipment TB CARE I									
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Organization:	TB CARE I
Country:	
Reporting date:	
Year:	



TB CARE I

[illegible]

(1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others

(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)

(3) Date of invoice

(4) Total price including any sales tax paid. Use currency on invoice

(5) Note any sales tax charged

(6) Address

(7) Good/fair or bad

(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.

where a recipient compensated TB CARE I for its share. Attach supplementary info